PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note, Legibly mark-up, with any corrections or use Block 1)

7590

01/23/2004

Wood, Phillips, VanSanten Clark & Mortimer **Suite 3800** 500 W. Madison Street Chicago, IL 60661-2511



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/992,767 11/14/2001 David V. Horak BUR9-2000-218-US1 5845

TITLE OF INVENTION: REVERSE TONE PROCESS FOR MASKS

APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE		FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330)	\$300		1630	04/23/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	ך			
YOUNG, CHRISTOPHER G		1756		430-005000	_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				Phillips, & Mortime	
PLEASE NOTE: Unless		low, no assignee da submitted under sep	ta will app arate cover	NT (print or type) ear on the patent. Inclusion of at Completion of this form is NOT	a substitute	s only appropria for filing an assi	ite when an assignm gnment.	ent has

International Business Machines Corporation

Armonk, New York 10504

4a. The following fee(s) are enclosed:	gories (will not be printed on the patent); individual corporation or other private group entity government government. 4b. Payment of Fec(s):						
XXIssuc Fee	☐ A check in the amount of the fee(s) is enclosed.						
☐ Publication Fee	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number09-0456 (enclose an extra copy of this form).						
☐ Advance Order - # of Copies							

(Date) NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

04/23/2004 HALI22 00000043 090456 09992767

01 FC:1501 02 FC:1504

1330.00 DA 300.00 DA

TRANSMIT THIS FORM WITH FEE(S)